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8 Number of Pages (Including this page)

Date: March 13, 2006
To: Examiner Pezzlo, John – Group 2662
Location: United States Patent and Trademark Office
Fax No.: 571-273-8300
From: Steven A. May (Registration No. 44,912)
Subject: Serial No. 10/025,521 –Xie et al.

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MESSAGE:

Enclosed herewith, please find a RESPONSE Office Action and REQUEST FOR EXTENSION OF TIME for filing in the below-identified application.

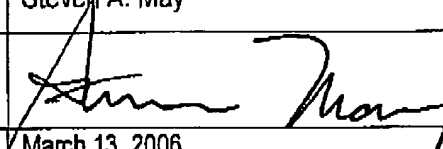
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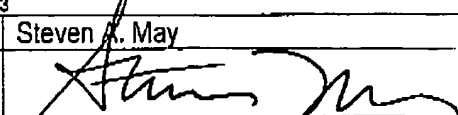
EXAMINER:	Pezzlo, John
GROUP ART UNIT:	2662
SERIAL NO.:	10/025,521
FILED:	December 17, 2001
INVENTOR:	Xie et al.
ATTORNEY DOCKET NO.:	CE08511R

PTO/SE/21 (08-00)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/025,521	
	Filing Date	December 17, 2001	
	First Named Inventor	Xie et al.	
	Group Art Unit	2662	
	Examiner Name	Pezzlo, John	
Total Number of Pages in this Submission	4	Attorney Docket Number	CE08511R

ENCLOSURES		(check all that apply)
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input checked="" type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	<input type="checkbox"/> Copy of Notice to File Missing Parts
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Transmittal of Formal Drawings
		<input type="checkbox"/> Response to Notice of Non- Recordation of Document

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Steven A. May	Registration No.	44,912
Signature			
Date	March 13, 2006		

CERTIFICATE OF TRANSMISSION			
hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number 571-273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313			
Typed or printed name	Steven A. May		
Signature		Date	March 13, 2006

FEE TRANSMITTAL		Complete If Known	
Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/025,521
		Filing Date	December 17, 2001
		First Named Inventor	Xie et al.
		Examiner Name	Pezzlo, John
		Group Art Unit	2662
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	CE08511R

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit card
 ☐ Money Order
 ☐ Other
 ☐ None

☒ Deposit Account:

Deposit Account Number: **502117**
 Deposit Account Name: **Motorola, Inc.**

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or claim
1052	50	2052	25	Surcharge - late Provisional filing
1053	130	1053	130	Non-English specification
1812	2520	1812	2520	For filing a request for ex parte Reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action
1251	110	2251	65	Extension for reply within first month
1252	420	2252	210	Extension for reply within second month
1253	950	2253	475	Extension for reply within third month
1254	1430	2254	740	Extension for reply within fourth month
1255	2010	2255	1005	Extension for reply within fifth month
1401	330	2401	165	Notice of Appeal
1402	330	2402	165	Filing a brief in support of an appeal
1403	290	2403	145	Request for oral hearing
1451	1510	1451	1510	Petition to institute a public use proceeding
1452	110	2452	65	Petition to revive - unavailable
1453	1330	2453	665	Petition to revive - unintentional
1501	1330	2501	665	Utility issue fee (or reissue)
1502	480	2502	240	Design issue fee
1603	640	2503	320	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(d)
1806	180	1806	180	Submission of IDS
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))
1801	770	2801	385	Request for Continued Examination (RCE)
1602	900	1802	900	Request for expedited examination of a design application

Other fee (specify): _____

SUBTOTAL (3) (\$) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (1) (\$)

SUBTOTAL (2) (\$)

**or number previously paid, if greater. For Reissues, 500 above.

2. EXTRA CLAIM FEES

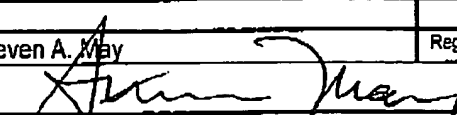
Previously Paid**		Extra Claims		Fee from below		Fee Paid	
Total Claims							
Independent Claims	20			50			
Multiple Dependent	3			200			
				360			

Large Fee Code	Entity Fee (\$)	Fee Description
1202	50	Claims in excess of 20
1201	200	Independent claims in excess of 3
1203	360	Multiple dependent claim, if not paid
1204	200	* Reissue independent claims over original patent
1205	50	* Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) _____

SUBMITTED BY

Name (Print/Type): **Steven A. May**

Signature: 

Registration No.: **44,912**

Telephone: **(847) 576-3635**

Date: **March 13, 2006**